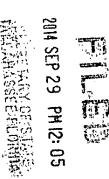
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

OCT 07 2014 O. BRUCE

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	NordPlay Spea	och Therapy, LL nited Liability Company	<u> </u>		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.			
Please return all corre	espondence concerning this m	atter to the following:			
	Darla E	1. Darty			
		Name of Person		-	
 		Firm/Company		_	
137	20 Old St Aug	rustine Rd. Suite	8-259		
		Justine Rd, Suite		- 20	
7	acksonville Fl	32258		II SEP	
<u></u>			2.50 27.50	P 29	Wantan Wantan
	darla@wordp	lay Speech Holrapy	·Com His	70	
For further information	on concerning this matter, plea			PH 12: 05	4 (1) 4 (1) 6 (1)
To further information	-	ise can.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u>.</u>	A
Darla G.	ne of Person at (404) 909-759 Area Code Daytime Te	92lephone Number		
Enclosed is a check for	or the following amount:				
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encl		
·	iling Address istration Section	Street/Courier Add	ress		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WordPlay Speech Therapy, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13720 Old St. Augustine Rd Suite 8-259 Jacksonville FL 32258 Jacksonville FL 32258 Jacksonville FL 32258
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Durla G. Darly Name
Florida street address (P.O.Box NOT acceptable)
Jacksonvill FL FL 32258 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature/(REQUIRED)

(CONTINUED)

Page 1 of 2

2014 SEP 29 PM 12: 05

Daria G. Darty 101 Arching Branch Circle Tarkscrivitie Pt 32258 See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or us authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Daria G. Darty Typed or printed name of signee Filing Fees:	<u> Fitle:</u>	Name and Address:
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Page 2 of 2

